

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. **89/806302** FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.	
1	1		1				51								
2	1						52								
3	1						53								
4	1						54								
5	1						55								
6	1	5					56								
7	1						57								
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43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	7		1				TOTAL IND.								
TOTAL DEP.							TOTAL DEP.								
TOTAL CLAIMS	7		1				TOTAL CLAIMS								

BEST AVAILABLE COPY